

Georgia Department of Human Resources Division of Aging Services Requirements for Non-Medicaid Home and Community Based Services

Section 300

Individual Service Requirements

§310 In-Home Respite Service Requirements

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§310.1 Purpose

This chapter establishes the requirements to be followed when Area Agencies on Aging provide or contract for the provision of in-home respite services to caregivers of frail elderly people, or persons of any age with Alzheimer's disease or related dementias. Please note that these requirements relate generally to the provision of in-home respite care services and certain regulatory issues. There will be exceptions to some provisions, based on individual fund source requirements.

§310.2 Scope and Definitions.

These requirements apply to services provided in whole or in part with non-Medicaid federal and state funds¹ managed by Area Agencies, and any associated matching funds. These requirements apply to respite services provided to eligible persons in their places of residence or the residence of a caregiver. The following definitions are used in connection with in-home respite care services.

- (a) Respite care² – the provision of intermittent and temporary substitute care or supervision of frail, functionally impaired and/or cognitively impaired persons on behalf of and in the absence of the primary caregiver, for the purpose of providing relief from stress or responsibilities associated with providing continuous care or supervision, to enable the caregiver to continue the provision of care in the home. Respite care is provided by appropriately trained and supervised paid workers who attend to the needs of the care receiver in the same manner as the primary caregiver, in their place of residence.
- (b) Caregiver – in general, the family member or other person who normally provides the daily care or supervision of the frail or disabled elderly adult.³ The caregiver may or may not reside in the same place as the care receiver.
- (c) Continuous Care or Supervision – Assistance to and/or oversight of a person on a regular basis.
- (d) Dementing illness – a condition characterized by the loss or impairment of intellectual abilities of sufficient severity to interfere with social or occupational functioning.

¹ Eligible funds sources are the Older Americans Act, Title III-B, and Title III-E (supplemental services); the Social Service Block Grant; the State Funded Alzheimer's Program; and the State Community Based Services Program.

² Refer to Appendix 310-C for information regarding "companion-sitter" services.

³ Exceptions to the care receiver being elderly (60+) are noted in program requirements for the National Family Caregiver Support Program and the Georgia State-funded Alzheimer's Program.

- (e) Emergency respite care – the immediate placement of a trained, in-home respite care worker in the home in response to and during an emergency or unplanned event to substitute for the primary caregiver. An emergency is:
 - (1) an unplanned event that results in the immediate and unavoidable absence of the caregiver at a time when no other qualified or appropriate substitute caregiver is available; or
 - (2) an unplanned situation that prevents the caregiver from providing the care needed by the frail older person; or
 - (3) an unplanned event that threatens the health and safety of the frail older person, including in changes in health status of the caregiver.

§310.3 Service provider eligibility

Area Agencies may contract for the provision of in-home respite services only with those agencies licensed as private home care providers, in accordance with the Rules of the Department of Public Health, Chapter 290-5-54 and O.C.G.A. §31-7-300 et seq. If an Area Agency intends to provide this service directly, it is subject to licensure requirements. All rules of that code section apply and take precedence over any of these requirements which may conflict.

§310.4 Target groups.

The target groups for this service are frail older persons, or adults with dementing illnesses, who are functionally impaired in their ability to perform regular activities of daily living, and their caregivers. The functional impairments may result from both physical limitations and/or cognitive impairment.

§310.5 Client eligibility.

- (a) For the non-Medicaid Home and Community Based Services Program⁴, eligible individuals will meet the following criteria:
 - (1) are age 60 and over, with the exception of those persons who receive services through the State-funded Alzheimer's Program, who have Alzheimer's Disease or a related disorder⁵; and

⁴ This program is defined as the services provided through Title III of the Older Americans Act, the Social Services Block Grant (SSBG), the State-Funded Alzheimer's Program, the Georgia Caregivers Resource Center (GCRC), and the State Community Based Services (CBS) funding.

⁵ Other dementias and conditions may include, but are not limited to, other cortical dementias, such as Pick's disease; vascular dementias, including multi-infarct dementias (stroke); neurological disorders, including hydrocephalus, Parkinson's disease, subdural hematoma, and primary or metastatic brain tumors; dementias associated with chronic infections, including syphilis, tuberculosis, slow viruses, HIV/AIDS, and Creutzfeldt-Jakob disease.

- (2) have at least a moderate degree of physical or mental disability or disorder which restricts his/her ability to perform basic activities of daily living, or which threatens his/her capacity to live independently;
 - (3) who receives care from an adult relative or friend on an informal, but regular basis; and
 - (4) whose caregiver(s) is/are in need of relief from the duties of caregiving in order to be able to continue to provide support to maintain the person at home.
- (b) For the National Family Caregiver Support Program, the adult providing care is considered the primary client, and shall meet one or more of the following criteria or definitions:
 - (1) Family Caregiver - an adult family member, or another individual, who is an informal provider of in-home and community care to an older (age 60 and above) individual; or
 - (2) Older individuals age 60 and above providing care and support to older persons age 60 and above, or age 18 and under, with mental retardation and related developmental disabilities.⁶
 - (3) The frail older care receiver will meet one of the following criteria:
 - (A) Is unable to perform at least two activities of daily living without substantial human assistance, including verbal or physical cueing or supervision; or
 - (B) Due to cognitive or other mental impairment, requires substantial supervision, because of behaviors that pose serious health or safety hazards to self or others.
- (c) Providers shall not accept persons whose maintenance and care needs cannot be adequately met by the agency in the clients' or caregivers' place of residence. Persons with the following conditions may not be appropriate for respite services unless the agency determines that assigned staff are properly qualified to deal with the conditions and/or it is safe for both the respite worker and the care receiver:
 - (1) care receiver has medical conditions that require constant medical monitoring.

⁶ Related developmental disabilities are defined in section 102 of the Developmental Disabilities and Bill of Rights Act (42 U.S.C. 6001). See Appendix 310-B.

- (2) care receiver and/or caregiver is actively infected with a communicable disease.
- (3) care receiver has emotional or behavioral disorders that result in destructive or disruptive behaviors.

§310.6 Access to Services

Caregivers may request services or be referred by a physician, hospital, case manager, family member, friend, or other service provider. The Area Agency on Aging shall screen all applicants for service. Subject to the availability of services, area agencies will initiate service, if providing directly; or refer appropriate applicants to provider organizations or other resources; or place applicants on a waiting list for services.⁷ When available, services will be provided in the client's or family caregiver's place of residence. Service shall not be provided in a nursing home, personal care home or other setting where the provision of this service is included in the cost of care.

§310.7 Service Activities.

- (a) Respite care activities are planned with input from the caregiver, based upon an assessment of his/her needs and the degree of physical and/or cognitive impairment of the care receiver. Service activities are grouped into three levels, according to the skill required of the respite care worker to perform the activity.
 - (1) Level 1: Helping the care receiver with activities which require no special qualifications/training, such as providing companionship, supervision, light housekeeping, social or leisure activities, or simple meal preparation (cooking or reheating).
 - (2) Level 2: Helping with activities of daily living for which special qualifications/training is required, but for which a licensed health practitioner is not required, including personal care, lifting, turning, transferring, providing reminders for and assistance with self-administration of medications.
 - (3) Level 3: Providing medically related services, such as medication administration, health monitoring or wound dressing and any other tasks which must be performed by a licensed health practitioner (LPN or RN).
- (b) Service activities performed by in-home respite care workers do not include:
 - (1) pet grooming/pet care;

⁷ The Area Agency is responsible for providing notice to applicants of the disposition of their requests for service. Subcontractors are responsible for providing notice of service status to persons once they have been referred for service and a case manager or provider staff has conducted the face-to-face assessment. Suggested forms have been provided to Area Agencies under separate cover.

- (3) home maintenance and repair, including changing storm windows;
- (4) moving heavy objects or furnishings; lawn care, gardening, raking or snow removal;
- (5) physical, speech or occupational therapies, unless performed by qualified, license health care professionals;
- (6) medical social services;
- (7) home health aide services provided by a home health agency;
- (8) assisting with personal finances and mail, including paying bills and writing checks;
- (9) performing tasks not assigned by the supervisor or case manager and reflected in the care plan.

§310.8 Service outcomes.

Service providers shall ensure that their services achieve the following outcomes.

- (a) Quality in-home respite services are provided at reasonable cost.
- (b) Service planning and delivery reflects staff's sensitivity to caregivers' and care receivers' special needs.
- (c) Services are designed to capitalize on the individuals' remaining strengths, lessen the burden of impairment for older adults, and to lessen the burden of providing care.
- (d) Services provided are based on a plan individualized for each client's and caregiver's needs, in the manner and times promised.
- (e) The provider is able to expand service capacity and improve quality with additional revenue generated through voluntary contributions and client cost share, when applicable.
- (f) The special physical, emotional and psychological needs of the caregiver and the care receiver are addressed with a goal of reducing, delaying or preventing the need for the care receiver to be permanently placed in an institutional setting.

§310.9 State Licensure

Providers of in-home respite services must demonstrate compliance with all applicable licensure requirements for private home care providers under the Rules and Regulations of the State of Georgia as found at §290-5-54. Also refer to DAS Manual Chapter 208 "In-Home Services."

§310.10 Delivery characteristics.

Service providers will deliver services in the following manner.

- (a) Assessment. The delivery of service shall be planned and carried out in accordance with specific caregiver and client needs as determined by the designated administrative or program staff during the in-home assessment, based on the use of the Montgomery-Borgatta Caregiver Burden Scale, the DON-R instrument and other instruments or inventories as indicated. The assessment is conducted by the Area Agency, a provider of case management services or the in-home respite service provider agency, depending upon the arrangements for client assessment negotiated by the Area Agency.
- (b) Service plan.
 - (1) Designated staff shall begin developing the service plan, using a format provided or approved by DAS, with the client and/or family during the in-home assessment visit. The service plan, at a minimum, shall include:
 - (A) information which clearly links the services to be provided with both the degree of caregiver burden identified by the Montgomery-Borgatta Scale and the functional impairments and unmet need for care identified by the DON-R and other instruments used to assess clients and caregivers;
 - (B) types of service required/tasks requested or indicated and tasks to be performed;
 - (C) the expected days, times, frequency and duration of visits in the client's residence;
 - (D) estimated duration of the need for service;
 - (E) the stated goals and objectives of the service; and
 - (F) discharge plans.
 - (2) When applicable to the condition of the client and the services to be provided, the plan shall also include information on pertinent diagnoses; medications and treatments; equipment needs; and dietary and nutritional needs.

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- (3) The service supervisor /case manager shall complete the plan within seven working days after services initially are provided in the residence. Plans are to be revised as necessary, and reviewed and updated by staff members involved in serving the client at the time of each supervisory visit. See §310.10(e) for standards for frequency of visits.

(c) Service initiation.

- (1) The provider agency has the discretion to begin providing minimal levels of service prior to the completion of the initial service plan, in situations in which emergency or unplanned care is needed .
- (2) The agency shall initiate services within no more than ten working days from the date of receiving the referral, and thereafter deliver them on a regular basis in accordance with the established service plan.
- (3) The provider agency shall make a contact within the first four weeks of service initiation to ensure caregiver and client satisfaction, and annually thereafter for the duration of the service relationship.

(d) Placement of respite care worker. Supervisory staff shall assure that, prior to beginning to provide services, each respite care worker receives information about:

- (1) the care receiver's daily routine, including his/her strengths and weaknesses, special assistance requirements, activities s/he enjoys, etc.
- (2) any unique or special assistance procedures the respite worker may need to perform in the caregiver's absence. These procedures should be demonstrated by the caregiver.
- (3) an explanation by the caregiver of any situations which could result in an emergency, including a clarification of what could happen, the appropriate response, and whom to contact.
- (4) an explanation by the caregiver of the fire exit plan for the residence, location of first aid supplies, and any special instructions/ restrictions on use or operation of household appliances.

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- (e) Supervisory/monitoring visits. The appropriate provider agency supervisory staff shall make visits to each client's or caregiver's residence, in accordance with time frames established by state licensure requirements⁸, starting from the date of initial service in a residence, or as changes in the level of care requires, to ensure that the client's (and/or caregiver's if present) needs are met. The visit shall include an assessment of the client's general condition, vital signs, a review of progress toward goal attainment, any problems noted, and the client's/caregiver's satisfaction with services. Supervisors also shall observe and note the appropriateness of the level of services being provided and any adjustments in the service plan needed.
- (f) Reassessment. Depending upon the options exercised by the Area Agency to conduct client assessments, designated Area Agency, case management, or provider agency staff shall reassess each caregiver and client within 30 days of the end of the first six months of service provision, and, at a minimum, annually thereafter; or more frequently, based on changes in the caregiver's situation, client's functional status or other conditions.
 - (1) Designated staff responsible for assessment activities shall conduct reassessments, either when contact with the caregiver and client indicates the caregiver's and/or client's needs have changed, or when staff providing services or the caregiver observe and report that needs have changed.
 - (2) The reassessment shall address changes in the burden level of the caregiver and in the cognitive, emotional, physical, functional, economic or physical/social environment in which the caregiver/client live, using scales and instruments specified by DAS. Staff responsible for reassessment shall involve the respite care worker in the process, by obtaining feedback from the worker regarding the appropriateness of the service plan (tasks to be performed, scheduling, etc.), adequacy of supplies and equipment, and adjust the service plan accordingly.
- (g) Emergency contact. An emergency contact person must be identified by each caregiver and maintained in the provider agency's caregiver/client record. If no emergency contact person is identified, the provider shall list the local emergency response service (example: 911 service) or local law enforcement agency as the contact. The emergency contact

⁸ Supervisory visits for Level 1 Respite Care shall occur every 122 days; for Level 2 Respite Care, every 92 days; and for Level 3 Respite Care, every 62 days, based on the types of assistance being provided.

person and phone number(s) shall be verified and updated at the time of reassessment.

(h) Service termination and discharge.

- (1) The provider agency shall discontinue services:
 - (A) upon the death of the care receiver, or entry of the care receiver into a personal care home or nursing home, or when there is no longer a need for the service.
 - (B) when the client or caregiver is non-compliant with the plan of care through persistent actions of the client or family which negates the services provided by the agency, but only after all attempts to counsel with the client/family have failed to produce a change in behavior leading to compliance.
 - (C) when the care receiver or caregiver threatens or abuses the respite care worker or other agency staff to the extent that the staff's welfare and safety are at risk and good faith attempts at corrective action have failed.
 - (D) when the provider agency resources are not adequate to meet the needs of the caregiver and care receiver.
 - (E) upon the request of the caregiver.
- (2) The provider agency shall provide written notice of termination and discharge at least 21 calendar days prior to the date of discharge, when applicable.
- (3) During the 21-day period, the provider shall work with the Area Agency and/or case management provider to make appropriate arrangements with the client and/or family for transfer to another agency, institutional placement, or other appropriate care.
- (4) The provider shall continue to provide care in accordance with the service plan for the 21-day notice period or until alternate arrangements can be made, whichever occurs first, unless supervisory staff determine that staff providing respite care are at immediate risk of harm.

§310.11 Staffing.

Providers of in-home respite services shall have sufficient numbers of qualified staff, as required by the Department of Human Resources rules and regulations, and/or the Division of Aging Services service requirements, to provide services specified in the service agreements with clients. Agencies providing in-home respite services shall adhere to all requirements regarding staffing and supervision as stated in the rules of the Department of Human Resources Public Health, Chapter 290-5-54, regarding the licensure of Private Home Care Providers. The provider may employ in-home respite assistants to perform in-home respite tasks. These staff qualify for employment in this capacity upon:

- (a) successful completion of nurse aide training and competency evaluation program; *or*
- (b) successful completion of a competency examination for nurse aides recognized by the Department; *or*
- (c) successful completion of a health care or in-home respite credentialing program recognized and approved by the Department; *or*
- (d) successful completion or progress toward the completion of a 40-hour training program provided by a private home care agency.

§310.12 Orientation and training requirements.

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The provider agency shall provide services with personnel who meet the qualifications and competencies to perform services requested and agreed upon by the client or family. The agency shall arrange or provide 40 hours of core training to in-home respite assistants who have not completed a course of licensure or certification as described in §310.10 (a)-(c), 20 hours of which must be completed before the assistants begin to work with clients.

- (a) The provider agency is responsible for the following:
 - (1) providing to all personnel an orientation for personnel to their job responsibilities including, but not limited to:
 - agency policies and procedures;
 - orientation to the philosophy and values of community integration and consumer-driven care;
 - recognizing changes in caregiver and clients' conditions indicating the need for emergency procedures or health services;
 - agency code of ethics and employee conduct;
 - client rights and responsibilities;

- the agency's complaint handling process;
 - process for reporting client progress and problems to supervisory staff, including suspected cases of abuse, neglect or exploitation;
 - the employee's obligation to inform the employer of known exposure to tuberculosis and hepatitis, or any other communicable disease.
 - maintenance of documentation to demonstrate that an individual is able to perform the services for which s/he is responsible; and
- (3) assuring that the staff responsible for directing/ providing training meet minimum qualifications.
- (4) for requiring each employee to participate in a minimum of eight clock hours annually of in-service or additional training as appropriate.
- (b) The provider agency may provide the training directly or assist employees in locating and attending the appropriate training. Additional training shall be directed at improving the ability of employees to meet the needs of the caregiver, the client, and support accomplishment of service outcomes. Specific training content for in-home respite assistants includes, but is not limited to:
- (1) assisting with ambulation and transfer of clients, including positioning;
 - (2) assistance with bathing, toileting, grooming, shaving, dental care, dressing and eating;
 - (3) first aid and adult cardiopulmonary resuscitation (CPR);
 - (4) caring for persons with special conditions and needs, so long as the services provided are within the scope of tasks authorized to be performed and skill level and qualification of assigned worker(s).
 - (5) home safety and sanitation;
 - (6) infection control in the home;
 - (7) medically related activities, including taking vital signs;

(8) proper nutrition for older persons, with emphasis on nutritional supports for chronic disease states.

(c) The training program shall be conducted under the direction of a licensed registered nurse, or a health care professional with education and experience commensurate with that of a licensed registered nurse, at a minimum.

§310.13 Administrative requirements.

(a) The provider shall establish and implement written policies and procedures that define the scope of the in-home respite services it offers and the type(s) of clients to be served.

(b) Agencies shall maintain accurate administrative, fiscal, personnel, and client case records that shall be accessible and available to authorized representatives of the area agency on aging, the Division of Aging Services, the Department of Human Resources, and others as required by law.

(c) Providers contracting with Area Agencies on Aging shall assure that all prospective employees are screened through the state criminal records investigation process.⁹

(d) Service agreements. No provider shall offer to contract for or provide a caregiver or client any in-home respite service that it cannot reasonably expect to deliver.

(1) Each provider shall develop and implement policies and procedures for service agreements. All services provided to a caregiver/ client shall be based on a written service agreement entered into with the caregiver. The agreement shall include:

(A) date of referral (date on which the provider received the specific referral from the AAA to provide in-home respite services to a caregiver and care receiver);

(B) date the provider made initial contact with the caregiver for services;

(C) description of services/activities needed, as stated by the caregiver and/or client;

⁹ Georgia Department of Human Resources Human Resource/Personnel Policy #504, O.C.G.A. §35-3-38, §49-2-14, and §31-7-350 *et seq.*; Criminal Code of Georgia O.C.G.A., Title 16; Code of Federal Regulations 42, IV, §438.420 (d) (1) (iii).

- (D) description of the services to be provided, staff to be assigned, and expected duration and frequency of services;
 - (E) agency charges for services rendered (if applicable), and whether the charges will be paid in full or in part by the client or family; methods of billing and payment;
 - (F) any special arrangements required for providing supplies, equipment, assistive devices;
 - (G) Information about the client's/family's opportunity to contribute voluntarily toward the cost of services;
 - (H) caregiver's/client's acknowledgement of receipt of "Client's Rights and Responsibilities" written notification.
(See Appendix 310-B for listing of rights and responsibilities);
 - (I) a telephone number for the provider which the caregiver/client can call for information, to ask questions, or to file complaints about the services supplied by the provider and information regarding supervision by the agency of the services to be provided;
 - (J) the telephone number of the state licensing authority (DHR) for information and filing of complaints which have not been resolved satisfactorily at the local level;
 - (K) Signatures of the provider's representative and the caregiver /responsible party and date signed; or in the case of refusal to sign, such refusal shall be noted on the agreement with an explanation from the provider's representative.
- (2) Providers shall complete service agreements for new clients not later than the second visit to the residence to provide services, or not later than seven calendar days after services initially are provided in the residence, whichever date is earlier. If unable to complete the service agreement for good cause, the provider will document the reasons in the client record.

Subsequent revisions to the initial service agreement may be indicated by the provider noting in the client record the specific changes in service (e.g. addition, reduction or deletion of services; changes in duration, frequency or scheduling; changes in charges for service) that will occur, documentation that changes were discussed with and agreed to by client/responsible party, who signed the initial agreement prior to the changes occurring.

- (3) The client, or his/her representative, has the right to cancel any service agreement at any time and shall be charged only for actual services rendered prior to notifying the provider of cancellation. The provider may assess a reasonable charge for travel and staff time if notice of cancellation is not provided in time to cancel a previously scheduled home visit for service delivery.
- (e) The provider agency shall maintain appropriate and adequate liability coverage on all employees who are connected with the delivery and performance of in-home respite services.
- (f) The provider agency shall furnish adequate identification (ID) to employees who provide in-home respite services or who have direct contact with clients/caregivers.
 - (1) Each employee shall carry the ID and either wear it on his/her person or present it to the client/caregiver upon request.
 - (2) An adequate ID is one that is made of permanent materials and which shows the provider agency name, the employee's name, title and photograph.
 - (3) The provider shall issue the ID at the time of employment and shall require the return of the ID from each employee upon termination of employment.
- (g) The provider agency shall ensure that no in-home respite service worker is a member of the immediate family of the client/caregiver being served by that worker.¹⁰

¹⁰ Immediate family is defined as a parent; sibling; child by blood, adoption or marriage; spouse; grandparent; or grandchild.

- (h) Each provider agency shall establish and enforce a code of ethics and employee conduct which is distributed to all employees and clients/families. The code shall provide for workers' use of bathroom facilities, and with the client's consent, allow workers to eat lunch or snacks, provided by the workers, in the client's home. The code of ethics shall include, at a minimum, prohibitions regarding:
 - (1) Consumption of clients' food or drink, except for water.
 - (2) Use of clients' telephones for personal calls.
 - (3) Discussion of one's own or others' personal problems, religious or political beliefs with the client.
 - (4) Bringing other persons, including children, not involved in providing care to the clients' homes.
 - (5) Solicitation or acceptance of tips, gifts, or loans in the form of money or goods for personal gain from clients/caregivers.
 - (6) Consumption of alcoholic beverages, or use of medicines or drugs for any purpose, other than as prescribed for medical treatment, in the clients' homes or prior to being present in the home to provide services.
 - (7) Smoking in clients' homes.
 - (8) Breach of the clients'/caregivers' privacy or confidentiality of information and records.
 - (9) Purchase of any item from the client/caregiver, even at fair market value.
 - (10) Assuming control of the financial or personal affairs, or both, of the client or his/her estate, including accepting power of attorney or guardianship.
 - (11) Taking anything from the client's home.
 - (12) Committing any act of abuse, neglect or exploitation.
- (i) Agency Administrator. The governing body shall appoint an administrator who shall have full authority and responsibility for the operation of the provider organization and who meets the minimum qualifications of the Rules and Regulations of the State of Georgia, §290.5.54.-09(3).

(j) Record keeping.

- (1) Client records. Providers shall maintain separate files, in a manner specified or approved by the Division, containing all written records pertaining to the services provided for each client served, including, at a minimum, the following:

- (A) Assessment and reassessment documentation, gathered through the use of instruments or inventories specified or approved by the Division of Aging Services ;
- (B) Identifying information including the name, address, telephone number of the client/responsible party, if applicable;
- (C) Current service agreement;
- (D) Current service plan;
- (E) Documentation of tasks performed by in-home respite care staff.
- (F) Documentation of findings of home supervisory visits unless reflected in the service plan.
- (G) Any material reports from or about the client that relate to the care being provided, including items such as progress notes and problems reported by employees of the provider agency; communications with personal physicians or other health care providers; communications with family members or responsible parties, and any other pertinent information.
- (H) The names, addresses and telephone numbers of the client's personal physicians, if any;
- (I) The date of the referral.
- (J) Any and all additional information requested or required by the Division.

- (2) Retention and confidentiality of client records.

- (A) Providers shall establish and implement written policies and procedures for the maintenance and security of client records, specifying

who shall supervise the maintenance of records; who shall have custody of records; to whom records may be released and for what purposes. {Also see §310.13(j)(2)(C).}

- (B) At a minimum, providers shall retain client records for five years from the date of the last service provided.
 - (C) Providers shall maintain the confidentiality of client records. Employees of the provider shall not disclose or knowingly permit the disclosure of any information in a client record except to other appropriate provider staff; staff of other service provider agencies, on a need to know basis, including case managers from case management agencies who are coordinating all services for clients; the client; the responsible party (if applicable); the client's physician or other health care provider; the Department of Human Resources; the Division of Aging Services; other individuals authorized by the client in writing, or by subpoena.
- (3) Personnel records. Providers shall maintain separate written records for each employee, including the following:
- (A) Identifying information: name, address, telephone number, emergency contact person(s);
 - (B) Employment history for previous five years or complete history if the person has not been employed for five years;
 - (C) Documentation of qualifications;
 - (D) Documentation of a satisfactory tuberculosis screening test upon employment and annually thereafter;
 - (E) Date of employment;
 - (F) Individual job descriptions or statements of persons' duties and responsibilities;
 - (G) Documentation of completion of orientation and training requirements.

- (H) Documentation of an annual performance evaluation, at a minimum.
- (4) Reports of complaints and incidents.
Providers shall maintain:
 - (A) files of all documentation of complaints submitted in accordance with Rules and Regulations of the State of Georgia;
 - (B) all incident reports or reports of unusual occurrences (falls, accidents, etc.) that affect the health, safety and welfare of the clients, for a minimum of five years;
 - (C) documentation of action taken by the provider to resolve clients' complaints and to address any incident reports or unusual occurrences.

§310.14 Mandatory reporting of suspected abuse, neglect or exploitation.

All staff of in-home respite service provider agencies involved in the direct care of clients in their homes, or supervision of direct care workers, are mandated reporters according to state law¹¹ and shall be familiar with and be able to recognize situations of possible abuse, neglect or exploitation or likelihood of serious physical harm to persons receiving services. Staff are responsible for following agency procedures for reporting suspected abuse, neglect or exploitation to the appropriate law enforcement agency, prosecuting attorney, or county department of family and children services. The provider agency shall develop procedures for in-home respite assistants to communicate such situations for reporting through appropriate supervisory channels.

§310.15 Service Availability.

Providers of in-home respite services shall assess the needs of consumers in the communities in which services are provided to determine the extent to which consumers need services outside of regular business hours, on weekends and on holidays, and incorporate into business plans strategies to expand capacity to meet those needs. Providers may establish differential unit costs for services provided outside of core agency hours, if the provision of such service actually results in an increased cost to the agency.

¹¹ O.C.G.A. 30-4, "Protection of Disabled Adults and Elderly Persons."

**§310.16 Provider Quality Assurance
and Program Evaluation.**

- (a) The Area Agency on Aging shall assure that each provider of in-home respite services shall develop and implement an annual plan to evaluate and improve the effectiveness of program operations and services to ensure continuous improvement in service delivery. The provider shall include direct care workers and supervisory staff in the evaluation process and in the development of improvement goals and strategies.
- (b) The evaluation process shall include, but not be limited to:
 - (1) a review of the existing program's operations.
 - (2) satisfaction survey results from participants and their families (when involved), and job satisfaction survey results from staff.
 - (3) an assessment of achievement of client outcomes;
 - (4) program modifications made that responded to changing needs of participants and staff.
 - (5) proposed program and administrative improvements.
- (c) Each contracting organization shall prepare and submit to the Area Agency on Aging a written report which summarizes evaluation findings, improvement goals and implementation plan. The report shall be submitted no later than 30 days following the end of the first quarter of the new fiscal year (September 30.)

§310.17 Fiscal Management.

Contractors providing in-home respite services shall practice sound and effective fiscal planning and management, financial and administrative record keeping and reporting. Contractors will use the Division's Uniform Cost Methodology on an annual basis to analyze, evaluate and manage the costs of the program.

**§310.18 Quality Assurance and
Compliance Monitoring**

The Area Agency on Aging and the Division of Aging Services periodically will monitor and evaluate in-home respite service program performance to determine the degree to which defined program outcomes and objectives, and individual client outcomes, have been or are being accomplished. The Area Agency shall monitor for compliance with these and any other requirements not reviewed by any other entity and evaluate contract agency performance on at least an annual basis. The AAA shall provide written feedback to contractors on the findings, and technical assistance for continuous quality improvement. The AAA will take into account the findings of the contractor's self-evaluation.

Effective Date:

Upon Issuance. AAAs shall assure that providers subject to these requirements receive a copy of this chapter in a timely manner and shall allow providers a reasonable period of time to make adjustments to comply.

Appendix 310-A

42 U.S.C. 6001 – The Disabilities Assistance and Bill of Rights Act

Definition of Developmental Disability

42 U.S.C. 6001 – The Disabilities Assistance and Bill of Rights Act

The term “developmental disability” means a severe, chronic disability of an individual 5 years of age or older that

- (A) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) Is manifested before the individual attains age 22;
- (C) Is likely to continue indefinitely;
- (D) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (i) Self-care;
 - (ii) Receptive and expressive language;
 - (iii) Learning;
 - (iv) Mobility;
 - (v) Self-direction;
 - (vi) Capacity for independent living; and
 - (vii) Economic self-sufficiency; and
- (E) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Appendix 310-B
Clients' Rights and Responsibilities
Complaint Resolution

Rights and Responsibilities:

Providers of in-home respite services shall establish and implement written policies and procedures outlining the rights and responsibilities of clients. Client rights and responsibilities include:

1. The right to be informed about the plan of service and to participate in the planning process.
2. The right to be promptly and fully informed of any changes in the plan of service.
3. The right to accept or refuse service.
4. The right to be fully informed of the charges for service, if applicable.
5. The right to be informed of the name, business telephone number and business address of the person supervising the services and how to contact that person.
6. The right to be informed of the complaint procedures; the right to submit complaints without fear of reprisal; and the right to have complaints investigated within a reasonable period of time. The complaint procedure shall include the name, business address, and telephone number of the person designated by the provider to handle complaints and questions.
7. The right of confidentiality of client records.
8. The right to have one's property and residence treated with respect.
9. The right to obtain written notice of the address and telephone number of the state licensing agency, with additional explanation of the Department's responsibility of licensing providers and investigating client complaint which appear to involve licensing violations.
10. The right to obtain a copy of the provider's most recently completed report of licensure inspection from the provider, upon request.
11. The responsibility of the caregiver, or client, or other responsible party to advise the provider of any changes in the caregiver's or client's condition, or any events which affect the client's/caregiver's service needs.

Complaint resolution:

Providers shall describe in writing the manner in which complaints are to be addressed and resolved. Policies shall include procedures for clients and others to present complaints about services, either orally or in writing. Procedures also shall indicate that complaints will be addressed and resolved in a timely manner. The provider shall supply all clients and responsible parties with the specific telephone number of the provider, for information, questions or complaints about services being delivered.

Appendix 310-C
Companion-Sitter Services

Respite Care and Companion Sitter Services

The DHR Private Home Care Requirements and related rules and regulations as referenced throughout this document provide for the licensure of agencies providing companion-sitter services, rather than respite care services. The Administration on Aging has defined two primary in-home services, homemaker and personal care. The tasks associated with each of these services comprise the activities which are allowable as in-home respite care. In addition, some medically related services may be provided through respite care. In the DAS Taxonomy of Service Definitions, the Division provides a definition of respite care services which clearly connects the provision of the service to the relief of a caregiver.

While we have not created a separate definition for companion sitter services, likewise that service could involve the provision of some limited homemaking activities, but generally are limited to the following types of assistance offered to elderly, functionally impaired or convalescing adults :

- transport and escort services
- light meal preparation and serving
- household tasks essential to cleanliness and safety.

While the definition of companion-sitter services in the DHR rules does include the performance of household tasks, DHR has interpreted the regulation to mean that companion-sitter services are those kinds of tasks that are performed by a caregiver or substitute directly to and for the care receiver. The performance of household tasks is incidental to the primary purpose of serving as the companion for the client. In contrast, while recipients of homemaker services typically are present in the home while services are being provided, their presence is not generally required in order for the homemaker to complete the tasks.

DHR rules interpret the provision of any “hands on” care, such as bathing, assistance with walking and transferring, etc., as personal care and would require the services of a personal care assistant. Personal care assistants also may provide companion-sitter services.

An Area Agency may elect to provide or contract to provide companion-sitter services as a component of respite care, limiting the scope of that service to performing only those type tasks that do not involve “hands on” or personal care: the primary purpose is to provide only watchful oversight through attendant care. Staff employed as companion-sitters must meet the following minimum requirements¹² :

- (i) Be able to read and write, follow verbal and written instructions, and complete written reports and documents;
- (ii) Successfully complete training or demonstrate understanding and practical competency in the following areas:
 - a. understanding the needs and characteristics of elderly, functionally impaired, and convalescing adults;
 - b. meal preparation and serving;
 - c. basic housekeeping, including sanitation and home safety;
 - d. transportation and escort services;
 - e. handling medical emergencies in the home; and
 - f. infection control.

All other requirements for staff orientation, supervision and service administration for in-home respite care services found in §310 also will apply.

¹² Rules and Regulations, State of Georgia, Chapter 290-5-54.-09(d)(i) and (ii)